

HARRIS COUNTY PUBLIC INFRASTRUCTURE DEPARTMENT – ARCHITECTURE & ENGINEERING DIVISION
10555 NORTHWEST FREEWAY – SUITE 120
HOUSTON, TX 77092
(713) 956-3000

REVISED RULES OF HARRIS COUNTY, TEXAS FOR ON-SITE SEWERAGE FACILITIES

APPLICATION FOR PERMIT (Complete All Sections)

TO THE HARRIS COUNTY ENGINEER:

The undersigned applicant (property owner) hereby makes application for a permit to construct an on-site sewerage facility in the unincorporated area of Harris County, Texas as required by THE REVISED RULES OF HARRIS COUNTY, TEXAS FOR ON-SITE SEWERAGE FACILITIES.

DAY PHONE: _____

PROPERTY OWNER'S NAME: _____ ALT PHONE: _____

CURRENT MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONSTRUCTION SITE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUBDIVISION: _____ SECTION: _____ BLOCK: _____ LOT: _____ RESERVE: _____

IF NOT IN A SUBDIVISION:

SURVEY NAME: _____ ABSTRACT NO. _____ TRACT NO. _____

APPLICANT IS: OWNER LEASEE OTHER (If other, please specify Name, Address, and Phone.)

NAME: _____ ADDRESS: _____ PHONE: _____

WATER SUPPLY:

PUBLIC: (Name of System) _____ COMMUNITY INDIVIDUAL (Existing) INDIVIDUAL (Proposed)

ENGINEER OR SANITARIAN:

Engineering Plans and specifications in support of this application submitted by:

NAME: _____ ADDRESS: _____ PHONE: _____

APPLICANT MUST SUBMIT THE FOLLOWING:

1. **Metes and Bounds description (survey), if not in a recorded subdivision. (1 Copy)**
2. **Site Evaluation (1 Original)**
3. **Plan of Site & Disposal System (3 Sets – 1 Original & 2 Copies)**
4. **Affidavit – Notarized (1 Original)**
5. **Acknowledgement of Testing Requirements**
6. **Flood Insurance Rate Map with site accurately located.**

AUTHORIZATION is hereby given to Harris County, Texas, the Texas Commission on Environmental Quality, the Texas State Department of Health and to their agents, or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting the on-site sewerage facilities, or for any reason consistent with the water quality program of the Texas Commission on Environmental Quality and the Texas Department of Health. I also acknowledge that INSPECTOIN OF THE SEWERAGE SYSTEM IS REQUIRED PRIOR TO ALL COMPONENTS BEING COVERED. TO REQUEST INSPECTION, A TWENTY-FOUR (24) HOUR ADVANCE NOTICE MUST BE GIVEN TO THE ENGINEERING DEPARTMENT AT (713) 956-3035.

OWNER'S SIGNATURE _____ PRINTED OWNER'S NAME _____ DATE _____

FOR COUNTY USE ONLY

MINIMUM TANK SIZE: _____ GALLONS MINIMUM ABSORPTION AREA: _____ SQ FT MAXIMUM GPD: _____ GPD

TYPE OF SYSTEM PROPOSED: _____ SQUARE FOOTAGE OF BUILDING: _____ SQ FT CT: _____

SEWERAGE APPLICATION RATE: _____ SOIL CLASSIFICATION: _____

INSPECTIONS: S S2 ULF WW SPECIAL REQUIEMENTS: ULF SSC INS PLANS FLTANK WLOG WWPLUG

FLOOD PLAIN STATUS: A B F DEV PERMIT # _____ OSSF PERMIT # _____

APPLICANT NO. _____ REQUEST NO. _____ PROPERTY NO. _____

PLANCHECKER: _____ APPROVED BY _____ DATE: _____